Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

(8) *	
Number of People on Trip: 1	Contact E-mail: gprine@dhs.state.ia.us
Name of Person Attending: Gerry Prine	Working Title: Deputy Compact Administrator
Department: Human Services	Division/Bureau/Section: Field Operations
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: X (I	f No, you do not need this waiver)
City (Cities) Traveling To: Minneapolis, Minnesota	Dates of Travel: April 29 - May 3, 2011
Funding Source: \square Appropriated State: $\frac{74.68}{9 \%}$ \square Federal: $\frac{25.32}{9 \%}$ \square (If the coding for the travel claim is appropriation 0	(If after June 30, 2011 – you DO NOT need this waiver.) Other:% If Other, Specify: 000 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): \$1,393.52
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: Yes: X
If Yes, Have You Received Approval? No: X Yes: If Yes, Date:	- 2
Reason for Travel Waiver (Select one) X Fulfills statutorily required duties. (Cite the specific statute.) lowa Coo	le 232.158 Interstate Compact on the Placement of Children
Has potential to bring cost savings or enhanced revenues to the state. (program that will receive the cost savings or enhanced revenues and prof the saving or revenues attributable to the travel.)	Cite the specific rovide an estimate
Has a benefit or potential benefit which significantly outwelghs the pote current Executive Council Fact Sheet for qualifying criteria and provide the lines below. (If nonrefundable ticket is the justification, date of pure	that information on chase is required.)
Annual business meeting where we will be creating new regulations for the Intersta	ate compact that affect children in lowa.
A Department Director Signature: Cm/m/m	Date: 4-1-11
Department Director Printed Name:	
Department Director Filinest Name.	-
This form must be signed by a department head or agency director	Email a PDF of the form to executive council@lowa.gov
	Executive Council Approval
Additional information to assist you in completing this	
See Fact Sheet for more complete information. • This waiver is required by HF45 from March 7 until June 30, 2011.	APPROVED
If no overnight stay is required at a location out-of-state, the travel incidental and no waiver form needs to be submitted.	
 The Council meets each Monday at 10:00 a.m. Deadline for waive 	r is the previous APR 1 1 2011
Wednesday at 12:00 noon. If your travel requires both Executive Council approval and the wait	ver justification
due to a convention/conference, note that both processes must be separately. See Fact Sheet for further explanation.	completed

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2	Contact E-mail: Suzan.stuchel@ipers.org
Name of Person Attending: Darla Iverson	Working Title: CFO
Department: IPERS	Division/Bureau/Section: Operations - Accounting
Will this trip require an overnight stay outside of lowa? No:	es: 🖂 (If No, you do not need this waiver)
City (Cities) Traveling To: Omaha, NE	Dates of Travel: May 11 – May 13, 2011
	(If after June 30, 2011 – you DO NOT need this waiver.) % Other:% If Other, Specify:100% IPERS Trust Fund_ opriation 0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodgi	ing, Meals, Registration, Parking, etc): \$434.78
Does this Trip Require Executive Council Approval for Conference/O	Convention? No: ☐ Yes: ⊠
If Yes, Have You Received Approval? No: ☐ Yes: ☑ If Yes	s, Date: <u>3/28/11</u>
Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties. (Cite the specific statute.)	lowa Code 97B.4
Has potential to bring cost savings or enhanced revenues to the enhanced revenues and provide an estimate of the saving or re	ne state. (Cite the specific program that will receive the cost savings or evenues attributable to the travel.)
	s the potential cost. See the current Executive Council Fact Sheet for low. (If nonrefundable ticket is the justification, date of purchase is
professionals in Nebraska and Iowa. The GP GFOA sent out its first newsletter in the GFOA held its first educational conference, which was attended by 56 finance profess institutions. GP GFOA has been formed to promote leaders with financial and mana,	all of 2009 in response to a need for a state/local chapter of the GFOA for government finance third quarter of 2009, and has recruited 70 members as of mid-May, 2010. In April of 2010, the GP sionals from state and local governments, school and special districts, universities and health care gement expertise through education, fellowship and professional development to foster excellence in llective bargaining units, economic development tools, communication/media relations, the impact of the son and Glenna Musselman will be driving together which will also cut travel costs.
Department Director Signature: Quant MM Meeller	Date: 4/6/11
Department Director Printed Name: Donna M. Mueller - COO	
This form must be signed by a department head or agency	director. Email a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in completin See Fact Sheet for more complete informa This waiver is required by HF45 from March 7 until June 30	ation.
 THIS WAIVELIS TECHNIED BY FIF 43 HOTH IVIZION / UNTIL JUNE 30 	A COLL A CONTROL

- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED **Executive Council**

000 211

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 2	Contact E-mail: Suzan.stuchel@ipers.org		
Name of Person Attending: Glenna Musselman	Working Title: Accountant 3		
Department: IPERS	Division/Bureau/Section: Operations - Accounting		
Will this trip require an overnight stay outside of lowa? No: \square Yes: \boxtimes	(If No, you do not need this waiver)		
City (Cities) Traveling To: Omaha, NE	Dates of Travel: May 11 – May 13, 2011		
	(If after June 30, 2011 – you DO NOT need this waiver.)		
Funding Source: Appropriated State:%	☑ Other:% If Other, Specify:100% IPERS Trust Fund n 0000 - you DO NOT need this waiver.)		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Med	als, Registration, Parking, etc): \$317.00		
Does this Trip Require Executive Council Approval for Conference/Conven	ntion? No: ☐ Yes: ⊠		
If Yes, Have You Received Approval? No: \(\subseteq \text{ Yes: } \subseteq \text{ If Yes, Date:} \)	: 3/28/11		
Reason for Travel Waiver (Select one)			
Fulfills statutorily required duties. (Cite the specific statute.) lowa Co	ode 97B.4		
Has potential to bring cost savings or enhanced revenues to the state enhanced revenues and provide an estimate of the saving or revenue	e. (Cite the specific program that will receive the cost savings or es attributable to the travel.)		
	poch designation is the designation of the designation of €		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
The Great Plains Government Finance Officers Association was incorporated in the fall of 2009 in response to a need for a state/local chapter of the GFOA for government finance professionals in Nebraska and Iowa. The GP GFOA sent out its first newsletter in the third quarter of 2009, and has recruited 70 members as of mid-May, 2010. In April of 2010, the GP GFOA held its first educational conference, which was attended by 56 finance professionals from state and local governments, school and special districts, universities and health care institutions. GP GFOA has been formed to promote leaders with financial and management expertise through education, fellowship and professional development to foster excellence in government. The agenda includes the following: CAFR preparation, dealing with collective bargaining units, economic development tools, communication/media relations, the impact of the new health care laws on government employers, e government and more. Darla Iverson and Glenna Musselman will be driving together which will also cut travel costs.			
Department Director Signature: Dance MM Coulder Date: 4/6/11			
Department Director Printed Name: Donna M. Mueller - COO			
This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov			
Additional information to assist you in completing this	Executive Council Approval		
See Fact Sheet for more complete information.	APPROVED		
This waiver is required by HF45 from March 7 until June 30, 201	ol is considered		
If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted. APR 1 1 2011			
The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.			
If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.			

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	1	Contact E-mail: MELISSA.SPEED@DNR.IG	DWA.GOV
Name of Person Attending:	Dale Garner	Working Title: Bureau Chief PSE 4	
Department: Natural Resou	rces	Division/Bureau/Section: Con & Rec/Wildlife/Adm	min
Will this trip require an over	night stay outside of lowa? No: 🗌 Yes: 🛭	(If No, you do not need this waiver)	
City (Cities) Traveling To:	Keystone SD	Dates of Travel: 4/18/2011-4/20/2011	
		(If after June 30, 2011 - you DO NOT need this wait	iver.)
Funding Appropria Source: Fish and Game		Other:% If Other, Specify: 0000 - you DO NOT need this waiver.)	
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Mea	ls, Registration, Parking, etc): \$241.00	
Does this Trip Require Exec	utive Council Approval for Conference/Conven	don? No: ☐ Yes: ☒	
If Yes, Have You Received A	pproval? No: ⊠ Yes: ☐ If Yes, Date		
Reason for Travel Waiver (S	elect one)		
Fulfills statutorily requ	ired duties. (Cite the specific statute.) lowa	Code 455A.2, 481A.39	
Has potential to bring of program that will receive	cost savings or enhanced revenues to the state we the cost savings or enhanced revenues and ses attributable to the travel.)	. (Cite the specific	
current Executive Cour	ial benefit which significantly outweighs the poncil Fact Sheet for qualifying criteria and provide fundable ticket is the justification, date of pure	le that information on	
Department Director Signat	ure: The A Senda	Date: 4-89-1/	
Department Director Printed	Name: ROGER LANDE		
This form must be	signed by a department head or agency direct	or. Email a PDF of the form to executivecouncil@jo	wa.gov
This waiver is require If no overnight stay is incidental and no wa	information to assist you in completing the fact Sheet for more complete information and by HF45 from March 7 until June 30, 201 is required at a location out-of-state, the traviver form needs to be submitted.	1. APPROV Executive C	ED ouncil
 The Council meets e 	ach Monday at 10:00 a.m. Deadline for wa	ver is the previous APR 11	7011

If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Thursday at 12:00 noon.

Out-Of-State Travel Waiver Justification

000 213

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

24 18 A A A A A A A A A A A A A A A A A A	The state of the s
Number of People on Trip: 1	50
Name of Person Attending: DAN MORK	Working Title: CONSERVATION OFFICER
Department: NATURAL RESOURCES	Division/Bureau/Section: Conservation&Rec / Law Enforcement
Will this trip require an overnight stay outside of lowa? No:	Yes: 🛛 (If No, you do not need this waiver)
City (Cities) Traveling To: Granby, CO	Dates of Travel: 05/22/11-05/27/11
	(If after June 30, 2011 – you DO NOT need this waiver.)
Funding Appropriated State: Source: Fish and Game Trust Fund 100% Federal:	% Other:% If Other, Specify:
(If the coding for the travel claim is ap	propriation 0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lod	dging, Meals, Registration, Parking, etc): \$462
Does this Trip Require Executive Council Approval for Conference	
	Yes, Date:
f Yes, Have You Received Approval? No: 🛛 Yes: 🗍 If	103, 5400.
Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties. (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to	o the state. (Cite the specific
program that will receive the cost savings or enhanced reve of the saving or revenues attributable to the travel.)	enties and provide an estimate
Has a benefit or potential benefit which significantly outweld current Executive Council Fact Sheet for qualifying criteria the line below. (If nonrefundable ticket is the justification, described to the control of the control of the current of t	and provide that information on
Ala Jano	n /
	Date: 3/3///
Department Director Signature:	
Department Director Printed Name: ROGER LANDE	
This form must be signed by a department head or age	ncy director. Email a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in com	pleting this form. Executive Council Approval
See Fact Sheet for more complete in	formation.
This waiver is required by HF45 from March 7 until Jun	ne 30, 2011. Evecutive Council
If no overnight stay is required at a location out-of-state incidental and no waiver form needs to be submitted.	APR 1 1 2011
The Council meets each Monday at 10:00 a.m. Deadli	ine for waiver is the previous

If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed

Thursday at 12:00 noon.

separately. See Fact Sheet for further explanation.

Out-Of-State Travel Waiver Justification

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See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 2	Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV
Name of Person Attending: Jason Sandholdt	Working Title: Assistant Bureau Chief of Law
Department: Natural Resources	Division/Bureau/Section: Con & Rec / Law Enforcement
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒ ((If No, you do not need this waiver)
City (Cities) Traveling To: Rapid City, SD	Dates of Travel: May 14 – 18, 2011
	(If after June 30, 2011 – you DO NOT need this waiver.)
Funding Source: Appropriated State: 100% Federal:% (If the coding for the travel claim is appropriation)	Other:% If Other, Specify:Fish & Wildlife Trust Fund
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): \$557.00
Does this Trip Require Executive Council Approval for Conference/Convention	ion? No: 🗌 Yes: 🖂
If Yes, Have You Received Approval? No: ⊠ Yes: ☐ If Yes, Date:	
Reason for Travel Waiver (Select one)	
	Vildlife Conservation, 482 A Commercial Fishing, CHAPTER 483A
	& Hunting Licenses Contraband and Guns, 321 All Terrain Vehicles, perating While Intoxicated
Has potential to bring cost savings or enhanced revenues to the state. program that will receive the cost savings or enhanced revenues and p of the saving or revenues attributable to the travel.)	(Cite the specific provide an estimate
Has a benefit or potential benefit which significantly outweighs the pot- current Executive Council Fact Sheet for qualifying criteria and provide the line below. (If nonrefundable ticket is the justification, date of purc	e that information on
Department Director Signature:	Date:
Department Director Printed Name: ROGER LANDE	
This form must be signed by a department head or agency director	r. Email a PDF of the form to executivecouncil@iowa.gov
	Fugurities Council Approval
Additional information to assist you in completing thing the See Fact Sheet for more complete information.	APPROVED
This waiver is required by HF45 from March 7 until June 30, 2011	
If no overnight stay is required at a location out-of-state, the trave incidental and no waiver form needs to be submitted.	I is considered APR 1 1 2011
 The Council meets each Monday at 10:00 a.m. Deadline for waiv 	
Thursday at 12:00 noon. If your travel requires both Executive Council approval and the way.	eiver justification
due to a convention/conference, note that both processes must be separately. See Fact Sheet for further explanation.	e completed

Out-Of-State Travel Waiver Justification

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Number of People on Trip: 2	-
Name of Person Attending: Robert Garrison	Working Title: Bureau Chief of Law Enforcment
Department: Natural Resources	Con&Rec/Law Division/Bureau/Section: Enforcement/Administration
Will this trip require an overnight stay outside of lowa? No: Yes	s: 🖂 (If No, you do not need this waiver)
City (Cities) Traveling To: Rapid City SD	Dates of Travel: May 14, 2011 - May 18, 201
Funding Source: Appropriated State:% Federal:% (If the appropriated state funds are	Fish and Game Trust Fund – NO GENERAL FUND When the state of the stat
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, I	Meals, Registration, Parking, etc): \$557.00
Does this Trip Require Executive Council Approval for Conference/Conv	vention? No: ☐ Yes: ☒
If Yes, Have You Received Approval? No: ☑ Yes: ☐ If Yes, D Reason for Travel Waiver (Select one)	Date:
Fish	A Wildlife Conservation, 482 A Commercial Fishing, CHAPTER 483A hing & Hunting Licenses Contraband and Guns, 321 I All Terrain Vehicles, J Operating While Intoxicated
Has potential to bring cost savings or enhanced revenues to the st program that will receive the cost savings or enhanced revenues at of the saving or revenues attributable to the travel)	tate (Cite the specific and provide an estimate
Has a benefit or potential benefit which significantly outweighs the the current Executive Council Fact Sheet for qualifying criteria and information in the space below.	e potential cost. See
	20
Department Director Signature Ty The Co	Date: 3 - 3/~ //
This form must be signed by a department head or agency dire	ector. Email a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in completing See Fact Sheet for more complete information	this form. Executive Council Approval
 This waiver is required by HF45 from March 7 until June 30, 2 	011. APPROVED
 If no overnight stay is required at a location out-of-state, the triincidental and no waiver form needs to be submitted. 	Spirition of
The Council meets each Monday at 10:00 a.m. Deadline for v Thursday at 12:00 noon.	waiver is the previous APR 1 1 2011
If your travel requires both Executive Council approval and the due to a convention/conference, note that both processes must separately. See Fact Sheet for further explanation.	

Out-Of-State Travel Waiver Justification

000 216

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	Contact E-mail: Jacob.Crawford@idph.iowa.gov		
Name of Person Attending: Jacob Crawford	Working Title: Health Physicist		
Department: lowa Department of Public Health	Division/Bureau/Section: EH/Rad Health/Radioactive Materials		
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: X	(If No, you do not need this waiver)		
City (Cities) Traveling To: Oak Ridge, TN	Dates of Travel: May 1 to May 6, 2011		
(If after June 30, 2011 – you DO NOT need this waiver.) Funding Source: Appropriated State:%			
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Mea	als, Registration, Parking, etc): \$1975.60		
Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: X			
If Yes, Have You Received Approval? No: X Yes: If Yes, Date	e:		
Reason for Travel Waiver (Select one) X Fulfills statutorily required duties. (Cite the specific statute.) lowa Code 136C.3(7) (See explanation on lines below)			
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
This training is critical in developing the expertise of a new employee to be adequately prepared to respond to nuclear emergencies.			
Department Director Signature: Mariannette J. Muleon, Mule Department Director Printed Name: Mariannette Miller-Meeks, MD	Date: 04.04.11		
This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov			

Additional information to assist you in completing this form.

See Fact Sheet for more complete information.

This waiver is required by HF45 from March 7 until June 30, 2011.

- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000 217

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	2	Contact E-mail:	kkinseth@dps.state.ia.us	
Name of Person Attending:	Kathleen Kinseth	Working Title:	Evidence Technician	
Department:		Division/Bureau	/Section: DCI / Lab	
Will this trip require an overn	ight stay outside of Iowa? No: 🔲 Yes: 🖄 (If No, you do not	need this waiver)	
City (Cities) Traveling To:	Schaumburg, IL		May 16-20, 2011 2011 – you DO NOT need this waiver.)	
Funding Source: 🛛 Appro	Funding Source: Appropriated State: 100% Federal: % Other: % If Other, Specify: (If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)			
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal	s, Registration, Pa	rking, etc): \$982	
Does this Trip Require Execu	ative Council Approval for Conference/Conventi	on? No: 🗌 Y	es: 🖂	
If Yes, Have You Received A	pproval? No: 🛛 Yes: 🗌 If Yes, Date:			
Has potential to bring c program that will receiv of the saving or revenue. Has a benefit or potentic current Executive Coun	red duties. (Cite the specific statute.) ost savings or enhanced revenues to the state. e the cost savings or enhanced revenues and p es attributable to the travel.) al benefit which significantly outweighs the pot- cit Fact Sheet for qualifying criteria and provide	rovide an estimate ential cost. See the that information	cc2400 - \$70,225	
the lines below. (If non Kathleen Kinseth is now the pr agencies. Kristin Baum is now provider of the training. Previo Rather than replacing that posi	refundable ticket is the justification, date of pur- imary in-house administrator of our database system of a back up in-house administrator of the same systems, another person in the laboratory handled thes ition, these duties are being absorbed by existing standard configuration changes done by us are at no cost	chase is required. In for tracking evide In This dalabase In duties but has sir In without a reduct) ence and providing results to law enforcement system was purchased from Porter Lee, the nee moved to another position in our department. ion in their other duties. This effectively saves the	
for the repair, replacement ar personnel. This funding is as maintain the expert status of	t surcharge on criminal fines was increased from nd maintenance of scientific equipment at the DC ssigned to cost center 296A. The training is esse our forensic examiners. We feel it is important to m cost center 296A to cover the expenses of this	I Laboratory, <u>and</u> ntial to keep on to be in attendance	to provide funds for training of DCI Laboratory p of developments in forensic science and to	
Department Director Signatu	ire: 5/1/1/	_ Date:	1/5-/11	
Department Director Printed Name: Lanas L. Noble				

This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov

APPROVED Executive Council

APR 1 1 2011

Out-of State Travel Waiver Request

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ON

3/21/11

Out-Of-State Travel Waiver Justification

000 218

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2 Contact E	-mail: baum@dps.state.ia.us		
Name of Person Attending: Kistin Baum Working	Fitle: criminalist		
Department: Division/	Bureau/Section: DCI/Lab		
Will this trip require an overnight stay outside of lowa? No: Yes: (If No, you o	lo not need this waiver)		
* * * * * * * * * * * * * * * * * * * *	Travel: May 16-20, 2011 ne 30, 2011 – you DO NOT need this waiver.)		
Funding Source: Appropriated State: 100% Federal: % Other: (If the coding for the travel claim is appropriation 0000 - you Described by the state)	% If Other, Specify:		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registrat	ion, Parking, etc): \$989		
Does this Trip Require Executive Council Approval for Conference/Convention? No:	☐ Yes: ⊠		
if Yes, Have You Received Approval? No: ⊠ Yes: ☐ If Yes, Date:			
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) cc2400 - \$70,225			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.) Kathleen Kinseth is now the primary in-house administrator of our database system for tracking evidence and providing results to law enforcement agencies. Kristin Baum is now a back up in-house administrator of the same system. This database system was purchased from Porter Lee, the provider of the training. Previously, another person in the laboratory handled these duties but has since moved to another position in our department. Rather than replacing that position, these duties are being absorbed by existing staff without a reduction in their other duties. This effectively saves the cost of filling a full time position. Configuration changes done by us are at no cost while using the vendor may result in custom programming charges. Additionally: In 2004 the court surcharge on criminal fines was increased from 30% to 32%. The additional 2% was to form the basis of a fund for the repair, replacement and maintenance of scientific equipment at the DCI Laboratory, and to provide funds for training of DCI Laboratory personnel. This funding is assigned to cost center 296A. The training is essential to keep on top of developments in forensic science and to maintain the expert status of our forensic examiners. We feel it is important to be in attendance at this event, and so we respectfully request approval to utilize funding from cost center 296A to cover the expenses of this trip. Department Director Signature: Date: Date: 4/5/44 Department Director Printed Name:			

This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov

APPROVED

Executive Council

APR 11 2011

Page 1 of 1

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of Person Attending: Karl Wendt Working Title: Purchasing Agent 3 Department: Department of Administrative Services Division/Bureau/Section: Procurement Services Will this trip require an overnight stay outside of lowa? No: Yes: XX (If No, you do not need this waiver) City (Cities) Travelling To: Milwaukee, WI Dates of Travel: May 16, 2011 (If after June 30, 2011 – you DO NOT need this waiver.) Funding Source: Appropriated State: May 16, 2011 (If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.) Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$982.30 Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: XX If Yes, Have You Received Approval? No: XX Yes: If Yes, Date: Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Department: Department of Administrative Services Division/Bureau/Section: Procurement Services Will this trip require an overnight stay outside of lowa? No: Yes: XX (If No, you do not need this waiver) City (Cities) Traveling To: Milwaukee, WI Dates of Travel: May 16, 2011 (If after June 30, 2011 – you DO NOT need this waiver.) Funding Source: Appropriated State: Seed Federal: SX XO ther: 100% If Other, Specify: NASPO (If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.) Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$982.30 Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: XX If Yes, Have You Received Approval? No: XX Yes: If Yes, Date: Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) XX Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on			
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Funding Source: Appropriated State:%			
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Fulfills statutorily required duties. (Cite the specific statute.) Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) XX Has a benefit or potential benefit which significantly outwelghs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on			
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current Executive Council Fact Sheet for qualifying criteria and provide that information on			
the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
This meeting of purchasing agents from the 12 Midwestern states, provides them with an agenda that relates to current topics, issues, b			
practices, and opportunities to interact with their peers. The costs are paid by the National Association of Procurement Officials (NASPO).			
State benefits will be furthering cooperative procurement opportunities.			
Department Director Signature: Mattauril Date: 4/5/11			
Department Director Printed Name: Mike Carroll			
This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov			
	-		
Additional information to assist you in completing this form. See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is considered APPROVED			
incidental and no waiver form needs to be submitted.			
The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon. If your travel requires both Executive Council approval and the waiver justification			

3/21/11

due to a convention/conference, note that both processes must be completed

separately. See Fact Sheet for further explanation.

xecutive Council Approval

Out-Of-State Travel Waiver Justification

000 220

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Troubo anono an or the quee	nono notou bojom		
Number of People on Trip: 4	Contact E-mail: Andy.Saxton@iowa.gov		
Name of Person Attending: Andy Saxton	Working Title: Purchasing Agent 3		
Department: Department of Administrative Services	Division/Bureau/Section: Procurement Services		
Will this trip require an overnight stay outside of lowa? No: Yes: XX (If No, you do not need this waiver)		
City (Citles) Traveling To: Milwaukee, WI	Dates of Travel: May 16, 2011		
	(If after June 30, 2011 - you DO NOT need this waiver.)		
Funding Source: Appropriated State:% Federal:% XX ((If the coding for the travel claim is appropriation 0			
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): \$982.30		
Does this Trip Require Executive Council Approval for Conference/Convention	n? No: Yes: XX		
if Yes, Have You Received Approval? No: XX Yes: ☐ If Yes, Date:			
Reason for Travel Waiver (Select one)			
Fulfills statutorily required duties. (Cite the specific statute.)			
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
This meeting of purchasing agents from the 12 Midwestern states, provides them with an agenda that relates to current topics, issues, best			
practices, and opportunities to interact with their peers. The costs are paid by the National Association of Procurement Officials (NASPO).			
State benefits will be furthering cooperative procurement opportunities.			
Department Director Signature: That Canvell Date: 4/4/6/			
Department Director Printed Name: Mike Carroll			
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@lowa.gov		
Additional information to assist you in completing this for	orm.		

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED Executive Council

APR 1 1 2011

xecutive Council Approval

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 4	Contact E-mail: Kenneth.Paulsent@iowa.gov		
Name of Person Attending: Kenneth Paulsen	Working Title: Executive Officer		
Department: Department of Administrative Services	Division/Bureau/Section: Procurement Services		
Will this trip require an overnight stay outside of lowa? No: Yes: XX	(If No, you do not need this waiver)		
City (Cities) Traveling To: Milwaukee, WI	Dates of Travel: May 16, 2011		
	(If after June 30, 2011 - you DO NOT need this waiver.)		
Funding Source: Appropriated State:% Federal:% XX (If the coding for the travel claim is appropriation	Other: 100% If Other, Specify: NASPO 0000 - you DO NOT need this waiver.)		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal	s, Registration, Parking, etc): \$982.30		
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: Yes: XX		
If Yes, Have You Received Approval? No: XX Yes: \(\scale \) If Yes, Date:			
Reason for Travel Waiver (Select one)			
Fulfills statutorily required duties, (Cite the specific statute.)			
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
This meeting of purchasing agents from the 12 Midwestern states, provides t	hem with an agenda that relates to current topics, issues, best		
practices, and opportunities to interact with their peers. The costs are paid by	the National Association of Procurement Officials (NASPO).		
State benefits will be furthering cooperative procurement opportunities.			
Department Director Signature: Hat Carul Date: 4/4/11			
Department Director Printed Name: Mike Carroll			
This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov			
Additional information to assist you in completing this fo	orm APPROVED		
See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011.	Executive Council		
If no overnight stay is required at a location out-of-state, the travel is			
incidental and no waiver form needs to be submitted.	711 7 1 2 2 2 2 1 1		
The Council meets each Monday at 10:00 a.m. Deadline for waiver Wednesday at 12:00 noon.	is the previous		
If your travel requires both Executive Council approval and the waive	rjustification		
due to a convention/conference, note that both processes must be convention.	ompleted		
separately. See Fact Sheet for further explanation.			
the control of the co	xecutive Council Approval		

000 222

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 4	Contact E-mail: Lois.Schmilz@iowa.gov
Name of Person Attending: Lois Schmitz	Working Title: Executive Officer
Department: Department of Administrative Services	Division/Bureau/Section: Procurement Services
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: XX	(If No, you do not need this waiver)
City (Cities) Traveling To: Milwaukee, WI	Dates of Travel: May 16, 2011
	(If after June 30, 2011 – you DO NOT need this waiver.)
Funding Source: Appropriated State:%	(Other: 100% If Other, Specify: NASPO 0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal	ls, Registration, Parking, etc): \$982.30
Does this Trip Require Executive Council Approval for Conference/Conventi	ion? No: Yes: XX
If Yes, Have You Received Approval? No: XX Yes: If Yes, Date:	
Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties. (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the state, program that will receive the cost savings or enhanced revenues and pof the saving or revenues attributable to the travel.)	(Cite the specific rovide an estimate
Has a benefit or potential benefit which significantly outweighs the pote current Executive Council Fact Sheet for qualifying criteria and provide the lines below. (If nonrefundable ticket is the justification, date of pure	that information on
This meeting of purchasing agents from the 12 Midwestern states, provides t	them with an agenda that relates to current topics, issues, best
practices, and opportunities to interact with their peers. The costs are paid b	y the National Association of Procurement Officials (NASPO).
State benefits will be furthering cooperative procurement opportunities.	
Department Director Signature:	Date: 4/4/4
Department Director Printed Name: Mike Carroll	
This form must be signed by a department head or agency director.	Email a PDF of the form to executive council@iowa.gov
Additional information to assist you in completing this find the See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver Wednesday at 12:00 noon. If your travel requires both Executive Council approval and the waived due to a convention/conference, note that both processes must be a separately. See Fact Sheet for further explanation.	is the previous APPROVED Executive Council APR 1 1 2011
*	xecutive Council Approval

Out-Of-State Travel Waiver Justification

000 223

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 1	Contact E-mail: _cynthia.munyon@iub.iowa.gov		
Name of Person Attending: Cynthia Munyon	Working Title: Utility Specialist		
Department: Commerce	Division/Bureau/Section: Utilities/Safety & Engineering		
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: X (If No – you DO NOT need this waiver.)	Reason for Travel: CGA Damage Prevention Conference		
City (Cities) Traveling To: Orlando, Florida	Dates of Travel: 3/7/11 – 3/10/11		
	(If after June 30, 2011 – you DO NOT need this waiver.)		
Funding Source: X Appropriated State: 50% Federal: 50% X O (If the coding for the travel claim is appropriation of	ther: If Other, Specify: Revolving Fund 2000 - you DO NOT need this waiver.)		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): 1620.00		
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: Yes: X		
If Yes, Have You Received Approval? No: \(\subseteq \text{ Yes: X} \) If Yes, Date:	2/06/11		
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)			
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.			
The IUB acts as a interstate agent for the Federal DOT in pipeline safety matters and receives federal funding to conduct the program. The training provides the tools needed for lowa to have an effective damage prevention program in accordance with the grant and to increase the			
amount of funding lowa is eligible for under the agreement and improves low			
Department Director Signature: Date: 4/6/2011			
Department Director Printed Name: Joan Conrad This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov			
	Evenutive Council Annual		
Additional information to assist you in completing this form. See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011.			
If no overnight stay is required at a location out-of-state, the travel is considered APPROVED			
incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver	is the previous		
Wednesday at 12:00 noon. If your travel requires both Executive Council approval and the waive due to a convention/conference, note that both processes must be a separately. See Fact Sheet for further explanation.	er justification APR 1 1 2011		

Out-Of-State Travel Waiver Justification

000 224

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip:	2	Contact E-mail:	chandler.parsons@ang.af.mil
Name of Person Attending:	Chandler Parsons	Working Title:	State Environmental Specialist
Department: Department	of Defense	Division/Bureau	/Section: Military
Will this trip require an ove	rnight stay outside of lowa? No: 🗌 Yes: 🖂 (If No, you do not	need this walver)
City (Cities) Traveling To:	Denver	Dates of Travel:	8 May thru 14 May
		(If after June 30.	2011 - you DO NOT need this waiver.)
Funding Source: App	ropriated State: 25% Federal: 75%	Other:% If	Other, Specify:
	(If the coding for the travel claim is appropriation (1000 - you DO NO 1	rneed this waiver.)
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Meals	s, Registration, Pa	rking, etc): \$\frac{4}{1459}\$
Does this Trip Require Exe	cutive Council Approval for Conference/Convention	on? No: 🗌 Y	es: 🖂
If Yes, Have You Received	Approval? No: 🛛 Yes: 🗌 If Yes, Date:		
Reason for Travel Waiver (S	Select one)		*
	ired duties. (Cite the specific statute.)		
	cost savings or enhanced revenues to the state. (Cita the enecific	
☐ program that will recei	ve the cost savings or enhanced revenues and prues attributable to the travel.)	ovide an estimate	•
the lines below. (If no	tial benefit which significantly outweighs the pote ncil Fact Sheet for qualifying criteria and provide nrefundable ticket is the justification, date of purc training on new or changed program requirements in	that information of the that information of the that is required.)	on
	Il management system, new changes or additions to		
changes to policies regarding	environmental compliance at the air force level.	no coud or r odore	arrogandations that require compitative on pase, and
Department Director Signat	0 -11/1	Date:	no orzi Il
Department Director Printed Name: 100 N D 6000			
This form must be	signed by a department head or agency director.	Email a PDF of t	ne form to executivecouncil@iowa.gov
Additional in	formation to an interest to the state of the state of		Executive Council Approval
See Fa	formation to assist you in completing this t act Sheet for more complete information.	orm.	
 This waiver is require 	d by HF45 from March 7 until June 30, 2011.		
 If no overnight stay is 	required at a location out-of-state, the travel is	considered	APPROVED
The Council meets as	ver form needs to be submitted. och Monday at 10:00 a.m. Deadline for waiver	in the new day	Executive Council
Wednesday at 12:00	noon.		APR 1 1 2011
 If your travel requires due to a convention/c 	both Executive Council approval and the waiv onference, note that both processes must be of Sheet for further explanation.	er justification completed	ALV 11 5011

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

riease answer an of the questions listed below.			
Number of People on Trip: 1 Contact E-mail: Sclark2@dhs.state.ia.us			
Name of Person Attending: Jennifer Vermeer Working Title: Medicaid Director			
Department: DHS – Iowa Medicald Enterprise Division/Bureau/Section: Medical Services			
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)			
City (Cities) Traveling To: Washington, DC. Arlington, VA. Baltimore, MD Dates of Travel: May 22, 2011 – May 25, 2011			
(If after June 30, 2011 – you DO NOT need this waiver.)			
Funding Source: Appropriated State: 50% Federal: 50% Other:% If Other, Specify: (If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)			
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$2,043.00			
Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:			
If Yes, Have You Received Approval? No: Yes: If Yes, Date:			
Passan for Traval Majuar (Calast ana)			
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)			
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific			
program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
of the saving of fevertues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the			
current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
As State Medicaid Director, it is imperative that I attend in order to stay abreast of new Medicaid policies and program requirements. The NAMD Spring			
Conference will provide Medicaid Directors with updates on critical challenges for Medicaid, as well as a chance to discuss issues with CMS. The			
Meeting provides an opportunity to get information about Medigaid and ACA that cannot be received in another way.			
0.0			
Department Director Signature: Date: Date:			
Department Director Printed Name: Charis M. Halmer			
This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov			
Executive Council Approval			
Additional information to assist you in completing this form.			

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000 226

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 1	Contact E-mail: jlovela@dhs.state.ia.us	
Name of Person Attending: Julie Lovelady	Working Title: Assistant Medicaid Director	
Department: DHS – Iowa Medicaid Enterprise	Division/Bureau/Section: Medical Services	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒ ((If No, you do not need this walver)	
City (Cities) Traveling To: Washington, DC. Arlington, VA. Baltimore, MD		
Funding Source: Appropriated State: 50% Federal: 50% (If the coding for the travel claim is appropriation to	Other:% If Other, Specify:	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals		
Does this Trip Require Executive Council Approval for Conference/Convention		
Reason for Travel Waiver (Select one) ☐ Fulfills statutorily required duties. (Cite the specific statute.) ☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) ☐ Has a benefit or potential benefit which significantly outwelghs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.) As Assistant Medicaid Director, it is imperative that I attend in order to stay abreast of new Medicaid policies and program requirements. The NAMD Spring Conference will provide updates on critical challenges for Medicaid, as well as a chance to discuss issues with CMS. The meeting provides an opportunity to get information about Medicaid and ACA that cannot be received in another way. Department Director Signature: ☐ Date: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
Additional information to assist you in completing this for See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver Wednesday at 12:00 noon. If your travel requires both Executive Council approval and the waive due to a convention/conference, note that both processes must be a separately. See Fact Sheet for further explanation.	is the previous er justification	

000 227

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 1	
Name of Person Attending: Jody Holmes	Working Title: IME CORE Unit Manager/ HIT Project Director
Department: Human Services	Division/Bureau/Section: Medicaid
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
City (Cities) Traveling To: Baltimore, Maryland	Dates of Travel: May 23 - May 27, 2011
Funding Source: Appropriated State: 10% Federal: 90% (If the appropriated state funds is 0% -)	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): \$1392
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: ☐ Yes: ⊠
If Yes, Have You Received Approval? No: Yes: I if Yes, Date: Reason for Travel Waiver (Select one)	
☐ Fulfills statutorily required duties (Cite the specific statute)	
Has potential to bring cost savings or enhanced revenues to the state (C program that will receive the cost savings or enhanced revenues and prof the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outwelghs the pote the current Executive Council Fact Sheet for qualifying criteria and provinformation on the lines below.	Cite the specific ovide an estimate
Travel is necessary to receive information and clarification regarding the ARRA HIT	ECH funding. The focus is on administering the Electronic Health
Records incentive program for Medicaid Providers. Learning from CMS and other	
And leverage HITECH funding dollars for technology. Information gathered will be	
Department Director Signature Charles M. Palmer	Date: 4-6-1)
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov
	Executive Council Approval
Additional information to assist you in completing this for See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver Thursday at 12:00 noon. If your travel requires both Executive Council approval and the waive due to a convention/conference, note that both processes must be of separately. See Fact Sheet for further explanation.	considered considered is the previous APPROVED Executive Council APR 1 1 2011

000 228

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip:	11	Contact E-mail:	evin.jacobson@ang.af.mil
Name of Person Attending:	Kevin P. Jacobson	Working Title:	Environmental Specialist
Department:	Public Defense	Division/Bureau/Section:	National Guard-185th ARW
Will this trip require an overnig	ght stay outside of lowa? No: Yes:	X (If No, you do not need this	waiver)
City (Cities) Traveling To:	Denver, CO	Dates of Travel:	May 8-13, 2011
			ou DO NOT need this waiver.)
Funding Source: X Approp	riated State: $\underline{25}\%$ X Federal: $\underline{75}\%$ (If the coding for the travel claim is appropriate to the coding for the travel claim is appropriate.)	☐ Other:% If Other, S iation 0000 - you DO NOT need thi	pecify:s waiver.)
Total Projected Cost of Trip (In	nclude Transportation, Mileage, Lodging,	Meals, Registration, Parking, et	c): \$1,147.20
Does this Trip Require Executi	ive Council Approval for Conference/Con	vention? No: Yes: X	
If Yes, Have You Received App	oroval? No: X Yes: If Yes,	Date:	
Reason for Travel Waiver (Sele	ect one)		
☐ Fulfills statutorily require	d duties. (Cite the specific statute.)		
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.) Appendix 22 of the federal/state agreement requires the state to set aside funding every year for training. This			
proposed out-of-state tra	avel would qualify as an applica	ble and justifiable training	opportunity
proposed out-of-state travel would qualify as an applicable and justifiable training opportunity. Department Director Signature: Date: Da			
Department Director Printed Name: Timothy/E. Orr			
This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@lowa.gov			
-			Executive Council Approval
This waiver is required by If no overnight stay is reincidental and no waiver. The Council meets each Wednesday at 12:00 no. If your travel requires be due to a convention/con.	rmation to assist you in completing the Sheet for more complete information of HT45 from March 7 until June 30, 2 equired at a location out-of-state, the transfer form needs to be submitted. In Monday at 10:00 a.m. Deadline for word on. Oth Executive Council approval and the ference, note that both processes must be to further explanation.	ion. 2011. Eavel is considered Waiver is the previous	APPROVED Executive Council APR 1 1 2011

Out-Of-State Travel Waiver Justification

000 229

This walver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	Contact E-mail: Kurt.Rueber@idph.iowa.gov		
Name of Person Attending: Kurt Rueber	Working Title: Sanitation Rating Officer		
Department: Public Health	Division/Bureau/Section: EH/EHS/Grade A Milk Program		
Will this trip require an overnight stay outside of lowa? No: \square Yes: \boxtimes	(If No, you do not need this waiver)		
City (Cities) Traveling To: Baltimore, MD	Dates of Travel: 4-24-2011 to 5-4-2011		
Funding Source: Appropriated State: #1907 Federal:% [(If the coding for the travel claim is appropriation	(If after June 30, 2011 – you DO NOT need this waiver.) Grants provided to requesting states O000 - you DO NOT need this waiver.)		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal			
Does this Trip Require Executive Council Approval for Conference/Conventi	on? No: ☐ Yes: ⊠		
If Yes, Have You Received Approval? No: ⊠ Yes: ☐ If Yes, Date:			
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)			
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.) lowa Code and the Food and Drug Administration (FDA) require IDPH to perform Grade A Milk ratings on Grade A dairy farms and plants in Iowa. Attendance at this conference is required by the by-laws of the organization in order for delegates of the rating agencies (IDPH) to have input into the legislative efforts that regulate the industry in Iowa. There is no alternative to attending this conference for Iowa's input and recommendations to be considered. Mr. Rueber has represented the Department and Iowa as a voting delegate since 1999 and serves on the Methods Committee and the Technical Review Committee. This conference will ensure that the IDPH is receiving current information on industry regulations in order to conduct ratings accurately, efficiently, and professionally. If ratings are not conducted accurately this could jeopardize the dairy industry which contributes over \$1.5 billion dollars annually to Iowa's economy.			
Department Director Signature: Mariannetts Milles Mulles Mulles 4/6/11			
Department Director Printed Name: Mariannette Miller- Meeks, MD			

This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the guestions listed below.

Number of People on Trip: 1	Contact E-mail: kathy.conwell@iowa.gov		
Name of Person Attending: Kathleen Beebout	Working Title: Health Professional Investigator		
Department: IDPH	Division/Bureau/Section: Board of Nursing		
Will this trip require an overnight stay outside of lowa? No: \square Yes: \boxtimes (If	No, you do not need this waiver)		
City (Cities) Traveling To: Chicago, IL	Dates of Travel: May 24, 2011 – May 26, 2011		
	(If after June 30, 2011 - you DO NOT need this waiver.)		
Funding Source: Appropriated State:% Federal:% 🖂 C	Other: 100% If Other, Specify: 147.80 & 147.82		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals,	5		
Does this Trip Require Executive Council Approval for Conference/Convention	n? No: ☐ Yes: ☒		
If Yes, Have You Received Approval? No: Yes: HYes, Date:			
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)			
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
The annual Attorney/Investigator Conference provides an opportunity for Board of Nursing staff to strengthen investigative skills through the			
education provided. In addition, staff has the opportunity to work with investigative professionals from all over North America to understand			
methods and techniques that are employed by other state Nursing Boards.			
Department Director Signature: Nariantely Milew Mula	-Date: 4/6/11		
Department Director Printed Name: Mariannette Miller-Meeks, MD			
This form must be signed by a department head or agency director. E	Email a PDF of the form to executivecouncil@iowa.gov		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2	Contact E-mail: patel.shashi@dol.gov		
Name of Person Attending: Shashi Patel	Working Title: VPP Team Leader / Sr. Industrial Hygienist		
	- Marian		
Department: Iowa Workforce Development	Division/Bureau/Section: Labor - OSHA Education		
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)		
City (Cities) Traveling To: St. Louis, Missouri	Dates of Travel: May 15 - May 19, 2011		
	(If after June 30, 2011 – you DO NOT need this waiver.)		
Funding Source: Appropriated State: 50% Federal: 50% [(If the coding for the travel claim is appropriation)	Other:% If Other, Specify:		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Me	als, Registration, Parking, etc): \$695.76		
Does this Trip Require Executive Council Approval for Conference/Conver	ntion? No: 🗌 Yes:		
If Yes, Have You Received Approval? No: Yes: If Yes, Date	9:		
Reason for Travel Waiver (Select one)			
Fulfills statutorily required duties. (Cite the specific statute.)			
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
Mr. Patel is a member of the Region VII Voluntary Protection Program (VPP) Board and the team leader for VPP audit team in Iowa. The			
Conference will be attended by those companies in lowa who have achieved VPP status in addition to other federal and state VPP officials.			
Department Director Signature: Leen Wahl	LDate:		
Department Director Printed Name:	_		
This form must be signed by a department head or agency director	or. Email a PDF of the form to executivecouncil@iowa.gov		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000 232

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2	Contact E-mail: heilmann.silvanna@dol.gov			
Name of Person Attending: Silvanna Heilmann	Working Title: VPP Audit Team Member/Safety Consultant			
Department: Iowa Workforce Development	Division/Bureau/Section: Labor - OSHA Education			
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: █	(If No, you do not need this waiver)			
City (Cities) Traveling To: St. Louis, Missouri	Dates of Travel: May 15 - May 19, 2011			
Funding Source: Appropriated State: 50% Federal: 50% [If the coding for the travel claim is appropriation]	(If after June 30, 2011 – you DO NOT need this waiver.) Other:% If Other, Specify: 0000 - you DO NOT need this waiver.)			
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal				
Does this Trip Require Executive Council Approval for Conference/Conventi	on? No: 🗆 Yes:			
If Yes, Have You Received Approval? No: Yes: If Yes, Date:				
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)				
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)				
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)				
Ms. Heilmann is a member of the audit team for the Voluntary Protection Program (VPP) in lowa. The conference will be attended by those				
companies in lowa who have achieved VPP status in addition to companies seeking to achieve this status, federal and state VPP officials.				
The Federal OSHA Office strongly encourages lowa's attendance at this regional VPP conference.				
Department Director Signature: Level Wahle	Date:			
Department Director Printed Name:				
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov			

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval
APPROVED
Executive Council

Out-Of-State Travel Waiver Justification

000 233

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	_ ss		
Name of Person Attending: William Brauch	Working Title: Division Director		
Department: Attorney General	Division/Bureau/Section: Consumer Protection		
Will this trip require an overnight stay outside of lowa? No: Yes:	(If No, you do not need this waiver)		
City (Cities) Traveling To: Washington, DC	Dates of Travel: May 21-24, 2011		
Funding Source: Appropriated State: 100% Federal: % Other: % If Other, Specify: (If the appropriated state funds is 0% - you do not need this waiver) *General fund payment, but fully reimbursed from AG's Consumer Litigation-Education Fund, see lowa Code section 714.16C.			
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Me	als, Registration, Parking, etc): \$1500		
Does this Trip Require Executive Council Approval for Conference/Conver	ntion? No: 🔀 Yes: 🗌		
If Yes, Have You Received Approval? No: Yes: If Yes, Date	e: *		
Reason for Travel Waiver (Select one)			
Fulfills statutorily required duties (Cite the specific statute) lowa C	Code sections 13.2(1)(b) & 714.16 – Enforcement of consumer fraud law.		
Has potential to bring cost savings or enhanced revenues to the state program that will receive the cost savings or enhanced revenues and of the saving or revenues attributable to the travel)			
Has a benefit or potential benefit which significantly outweighs the potential the current Executive Council Fact Sheet for qualifying criteria and prinformation on the lines below.			
Department Director Signature This form must be signed by a department head or agency director.	Date: 4/4/11		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

660 234

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below. Number of People on Trip: Contact E-mail: 120M. ORMISTO Name of Person Attending: Working Title: CHIFF Division/Bureau/Section: Will this trip require an overnight stay outside of lowa? No:

Yes: (If No, you do not need this waiver) City (Cities) Traveling To: Dates of Travel: (If after June 30, 2011 - you DO NOT need this waiver.) Appropriated State 00% Funding Source: Other: Federal: % % If Other, Specify: (If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Does this Trip Require Executive Council Approval for Conference/Convention? If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.) Department Director Signature: **Department Director Printed Name:** This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov Executive Council Approval APPROVED Additional information to assist you in completing this form. See Fact Sheet for more complete information. **Executive Council** This waiver is required by HF45 from March 7 until June 30, 2011.

- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

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3/21/11

Out-of State Travel Waiver Request

Page 1 of 1

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 1	
Name of Person Attending: Layne Lindebak	Working Title: Assistant Attorney General
Department: Justice	Division/Bureau/Section: Special Litigation
Will this trip require an overnight stay outside of lowa? No:	(If No, you do not need this waiver)
City (Cities) Traveling To: Washington D.C.	Dates of Travel: April 26-7
Funding Source: x Appropriated State:% Federal:% x (If the appropriated state funds is 0% - y	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): \$900
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: x Yes:
If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Comprogram that will receive the cost savings or enhanced revenues and proof the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential benefit which significantly outweight and provide significantly outweight	ovide an estimate ntial cost. See ide that
Department Director Signature This form must be signed by a department head or agency director.	Date: 4/5/II Email a PDF of the form to executivecouncil@jowa.gov
Additional information to assist you in completing this for See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver Thursday at 12:00 noon. If your travel requires both Executive Council approval and the waive due to a convention/conference, note that both processes must be or separately. See Fact Sheet for further explanation.	considered is the previous APPROVED Executive Council APR 1 1 2011

000 236

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

rious answer and the que	stions listed below.	
Number of People on Trip: 1	Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV	
Name of Person Attending: Kim Bogenschutz	Working Title: Aquatic Invasive Species Program Coordinator	
Department: Natural Resources	Division/Bureau/Section: Conservation and Recreation	
Will this trip require an overnight stay outside of lowa? No: \(\subseteq \text{Yes: } \text{X}	(If No, you do not need this waiver)	
City (Cities) Traveling To: Little Rock, Arkansas	Dates of Travel: May 2-5, 2011	
	(If after June 30, 2011 - you DO NOT need this waiver.)	
Funding Source: \boxtimes Appropriated State: $\underline{25}\%$ \boxtimes Federal: $\underline{75}\%$ \square (If the coding for the travel claim is appropriation		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal	s, Registration, Parking, etc): \$1050	
Does this Trip Require Executive Council Approval for Conference/Conventi	on? No: x Yes:	
If Yes, Have You Received Approval? No: 🗌 Yes: 🗍 If Yes, Date:		
Page of the Town Walter (Calant and)		
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) 456A.37	AQUATIC INVASIVE SPECIES PREVENTION AND CONTROL	
Has potential to bring cost savings or enhanced revenues to the state. program that will receive the cost savings or enhanced revenues and p of the saving or revenues attributable to the travel.)	Cite the specific	
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the line below. (If nonrefundable ticket is the justification, date of purchase is required.)		
Department Director Signature: June	Date: 4-04-1	
Department Director Printed Name: ROGER LANDE		
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov	

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval APPROVED Executive Council

Out-Of-State Travel Waiver Justification

606 237

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	4	Contact E-mail: Melissa.speed@dnr.iowa.gov
Name of Person Attending:	Matt Washburn	Working Title: Conservation Officer
Department: Natural Resou	rces	Division/Bureau/Section: Law Enforcement Bureau
Will this trip require an overr	night stay outside of lowa? No: 🗌 Yes: 🛛 (I	f No, you do not need this waiver)
City (Cities) Traveling To:	Oklahoma City	Dates of Travel: 3-27-11 through 4-1-11
Funding Source: Appro	opriated State: 50% Federal: 50% (If the coding for the travel claim is appropriation 0	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): \$529.25
Does this Trip Require Execu	tive Council Approval for Conference/Convention	n? No: ⊠ Yes: □
If Yes, Have You Received Ap	oproval? No: Yes: If Yes, Date:	9
Reason for Travel Waiver (Se	elect one) red duties. (Čite the specific statute.) lowa Cod	e 462/ Boat Accident Investigation Course
Has potential to bring co	ost savings or enhanced revenues to the state. (0 e the cost savings or enhanced revenues and pross attributable to the travel.)	Cite the specific
current Executive Count	al benefit which significantly outweighs the poter cil Fact Sheet for qualifying criteria and provide t refundable ticket is the justification, date of purcl	hat information on
The US Coast Guard funding of	approximately 1.6 million requires our Conservation	Officers to investigate and be trained in boat accident procedures.
Department Director Signatur	e: Ay h hamle	Date: 3-3/-17
Department Director Printed I	Name: Roger L. Lande	
This form must be s	igned by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED

Executive Council

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 4	Contact E-mail: Melissa.speed@dnr.iowa.gov
Name of Person Attending: Nate Johnson	Working Title: Conservation Officer
Department: Natural Resources	Division/Bureau/Section: Law Enforcement Bureau
Sarrie of a second	No, you do not need this waiver)
City (Cities) Traveling To: Oklahoma City	Dates of Travel: 3-27-11 through 4-1-11
	(If after June 30, 2011 – you DO NOT need this waiver.)
Funding Source: \boxtimes Appropriated State: 50% \boxtimes Federal: 50% \square O (If the coding for the travel claim is appropriation 00)	ther: % If Other, Specify:
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals,	Registration, Parking, etc): \$529.25
Does this Trip Require Executive Council Approval for Conference/Convention	? No: ⊠ Yes: □
If Yes, Have You Received Approval? No: Yes: Hir Yes, Date:	
Reason for Travel Waiver (Select one)	9
Fulfills statutorily required duties. (Cite the specific statute.) lowa Code	462/ Root Accident Investigation Course
Has potential to bring cost savings or enhanced revenues to the state. (Ci program that will receive the cost savings or enhanced revenues and provof the saving or revenues attributable to the travel.)	to the enecitic
Has a benefit or potential benefit which significantly outweighs the potent current Executive Council Fact Sheet for qualifying criteria and provide the lines below. (If nonrefundable ticket is the justification, date of purcha	at information on use is required.)
The US Coast Guard funding of approximately 1.6 million requires our Conservation (Officers to investigate and be trained in boat accident procedures.
Department Director Signature:	Date: 3-31-11
This form must be signed by a department head or agency director. Ex	mail a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

COO 239

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

		odono notor bajow.
Number of People on Trip:	4	Contact E-mail: Melissa.speed@dnr.iowa.gov
Name of Person Attending:	Nate Anderson	Working Title: Conservation Officer
Department: Natural Resour	rces	Division/Bureau/Section: Law Enforcement Bureau
Will this trip require an overr	night stay outside of lowa? No: Yes:	(If No, you do not need this waiver)
City (Cities) Traveling To:	Oklahoma City	Dates of Travel: 3-27-11 through 4-1-11
94		(If after June 30, 2011 – you DO NOT need this waiver.)
Funding Source: Appro	priated State: $\underline{50}\%$ \square Federal: $\underline{50}\%$ \square (If the coding for the travel claim is appropriation	Other:% If Other, Specify:
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Mea	ls, Registration, Parking, etc): \$529.25
Does this Trip Require Execu	tive Council Approval for Conference/Convent	ion? No: 🖂 Yes: 🗌
If Yes, Have You Received Ap	oproval? No: Yes: If Yes, Date:	-
Reason for Travel Waiver (Se	lect one)	·
Fulfills statutorily requir	red duties. (Cite the specific statute.) lowa Co	de 462/ Boat Accident Investigation Course
Has potential to bring co	ost savings or enhanced revenues to the state. the cost savings or enhanced revenues and person attributable to the travel.)	(Cite the specific
current Executive Counc	al benefit which significantly outweighs the pot cil Fact Sheet for qualifying criteria and provide efundable ticket is the justification, date of pur	that information on
The US Coast Guard funding of	approximately 1.6 million requires our Conservation	on Officers to investigate and be trained in boat accident procedures.
		To the second se
Department Director Signatur	e: The Kande	Date: 33/-//
Department Director Printed N	Name: Roger L. Lande	_
This form must be si	igned by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

000 240

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below

r reade anower an or the qu	estions listed below.
Number of People on Trip: 4	Contact E-mail: Melissa.speed@dnr.iowa.gov
Name of Person Attending: Aron Arthur	Working Title: Conservation Officer
Department: Natural Resources	Division/Bureau/Section: Law Enforcement Bureau
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	
City (Cities) Traveling To: Oklahoma City	Dates of Travel: 3-27-11 through 4-1-11
	(If after June 30, 2011 – you DO NOT need this waiver.)
Funding Source: Appropriated State: 50% Federal: 50% [(If the coding for the travel claim is appropriation)	Other: % If Other Specify:
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Mea	
Does this Trip Require Executive Council Approval for Conference/Convent	tion? No: 🛛 Yes: 🗌
If Yes, Have You Received Approval? No: Yes: Hif Yes, Date	·
Reason for Travel Waiver (Select one)	
	1 10015
lowa Co	ode 462/ Boat Accident Investigation Course
Has potential to bring cost savings or enhanced revenues to the state. program that will receive the cost savings or enhanced revenues and p of the saving or revenues attributable to the travel.)	(Cite the specific provide an estimate
Has a benefit or potential benefit which significantly outweighs the pot current Executive Council Fact Sheet for qualifying criteria and provide the lines below. (If nonrefundable ticket is the justification, date of pur	that information on
The US Coast Guard funding of approximately 1.6 million requires our Conservati	on Officers to investigate and he trained in best and the
V 11 Sylvanian roquiles our our borreau	on officers to investigate and be trained in boat accident procedures.
Department Director Signature: Olay I Januar	Date: 3-3/-//
Department Director Printed Name: Roger L. Lande	
	-
This form must be signed by a department head or agency director.	. Email a PDF of the form to executivecouncil@jowa.gov
	Executive Council Approval
Additional information to assist you in completing this	form.
See Fact Sheet for more complete information	
This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is	APPROVED Executive Council
incidental and no waiver force and a location out-of-state, the travel is	s considered

- incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

000 241

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2		Contact E-mail:	Melissa.Speed@dnr.iowa.gov
Name of Person Attending: Chad F	'aup	Working Title:	Natural Resources Technician II
Department: Natural Resources	1	Division/Bureau/	Section: CRD / Wildlife Management
Will this trip require an overnight sta	1. The state of th	Reason for Trave	I: Training
City (Cities) Traveling To: Salina,	KS	Dates of Travel:	4/4/11 – 4/7/11
		-	011 – you DO NOT need this waiver.)
	State: 100% Federal: % coding for the travel claim is appropriation 0	Other:% If C	Other, Specify:
Total Projected Cost of Trip (Include	Transportation, Mileage, Lodging, Meals	, Registration, Parl	king, etc): \$250.00
Does this Trip Require Executive Co	uncil Approval for Conference/Conventio	n? No: 🛛 Ye	s: []
If Yes, Have You Received Approval	? No: Yes: If Yes, Date:		
Reason for Travel Waiver (Select one	la la		
	es. (Cite the specific statute.) 456A.23 T	he dent chall protect	propagate increase and process the birds
Has potential to bring cost savi	ngs or enhanced revenues to the state. (0 st savings or enhanced revenues and pro	Cite the specific	9
current Executive Council Fact	it which significantly outweighs the poter Sheet for qualifying criteria and provide t ble ticket is the justification, date of purcl	that information on	C - 2
Two staff biologists will travel to Kansas	s to receive training by Missouri staff on how	to trap and transpo	rt Greater Prairie Chickens.
This knowledge is needed for lowa to b	ring additional prairie chickens into Iowa in t	he future to maintair	it's only established population at Kellerton, IA.
The second secon	7 9 9		
Department Director Signature:	and hande	Date: 3-	31-11
Department Director Printed Name:	Roger L. Lande	(X)	
This form must be signed b	y a department head or agency director.	Email a PDF of the	form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification
 due to a convention/conference, note that both processes must be completed
 separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

000 242

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below

Number of People on Trip: 2	Contact E-mail: Melissa.Speed@dnr.iowa.gov
Name of Person Attending: Josh Rusk	Working Title: Natural Resources Technician II
Department: Natural Resources	Division/Bureau/Section: CRD / Wildlife Management
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☐ (If No – you DO NOT need this waiver.)	Reason for Travel: Training
City (Cities) Traveling To: Salina, KS	Dates of Travel: 4/4/11 – 4/7/11
	(If after June 30, 2011 – you DO NOT need this waiver.)
Funding Source: Appropriated State: 100% Federal:% (If the coding for the travel claim is appropriated)	Other:% If Other, Specify:on 0000 - you DO NOT need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Me	eals, Registration, Parking, etc): \$250.00
Does this Trip Require Executive Council Approval for Conference/Conve	ention? No: 🛛 Yes: 🗌
If Yes, Have You Received Approval? No: Yes: If Yes, Date of Yes, Date	te:
Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties. (Cite the specific statute.) 456A.	23 The dept shall protect, propagate, increase, and preserve the birds
Has potential to bring cost savings or enhanced revenues to the state program that will receive the cost savings or enhanced revenues and of the saving or revenues attributable to the travel.)	te. (Cite the specific
Has a benefit or potential benefit which significantly outweighs the p current Executive Council Fact Sheet for qualifying criteria and provi the lines below. (If nonrefundable ticket is the justification, date of p	ide that information on
Two staff biologists will travel to Kansas to receive training by Missouri staff on	how to trap and transport Greater Prairie Chickens.
This knowledge is needed for lowa to bring additional prairie chickens into lowar	
Department Director Signature: The Lange	Date: 3-3/-//
Department Director Printed Name: Roger L. Lande	
This form must be signed by a department head or agency direct	tor. Email a PDF of the form to executivecouncil@iowa.gov
	Executive Council Approval

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED Executive Council

000 243

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

		, see a see	
Number of People on Trip:	2	Contact E-mail: Foster.k	athy@dol.gov
Name of Person Attending:	Kathleen L. Foster	Working Title: Secretar	
Department: Iowa Workford	e Development		Labor Services/OSHA Enforcement
Will this trip require an overr	night stay outside of lowa? No: Yes: x	(If No, you do not need this	
City (Cities) Traveling To:	San Francisco, California	Dates of Travel: 05/07 - 0	
			u DO NOT need this waiver.)
Funding Source: x Appr	opriated State: <u>50</u> % x Federal: <u>50</u> % (If the coding for the travel claim is appropriation	Other: % If Other Sn	anihu.
Total Business I O. / 47 1			
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Me	eals, Registration, Parking, etc.	: \$1,269.00
Does this Trin Require Evecu	tive Council Annuaval for Conf.		7 1,200100
Trip require Execu	tive Council Approval for Conference/Conve	ntion? No: x Yes:	
If Yes, Have You Received Ap	proval? No: Yes: If Yes, Dat	e:	
Reason for Travel Waiver (Sel	ect one)		
			Đ.
Has notential to bring on	ed duties. (Cite the specific statute.) Enforce	ement Cooperative Agreement v	vith Federal OSHA
program that will receive	st savings or enhanced revenues to the state	e. (Cite the specific	
of the saving or revenues	the cost savings or enhanced revenues and sattributable to the travel.)	provide an estimate	(a) (b)
	attibutable to the travel.)		
Has a benefit or potential	benefit which significantly outweighs the po		
current Executive Counci	Il hact anget for qualifying critoria and avertice	la 4h -4 !- 8	
the lines below. (If nonre	fundable ticket is the justification, date of pu	rehass is required \	
\$ = 331/A	pu	rchase is required.)	
		No.	
epartment Director Signature	: Luca Wahlet		
		Date:	
epartment Director Printed Na	ame:		
		-	
This famous is			
inis form must be sig	ned by a department head or agency director	r. Email a PDF of the form to e	xecutivecouncil@jowa.gov
Additional inform	mation to assist you in completing this	form	Executive Council Approval
See Fact :	Sheet for more complete information.	ioini.	
TELEVISION CO. C.		1/2	

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED Executive Council

000 244

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2			
	Contact E-mail: Sidoner.patti@dol.gov		
Name of Person Attending: Patti J. Sidoner	Working Title: Administrative Assistant II		
Department: lowa Workforce Development	Division/Bureau/Section: Labor Services/OSHA Enforcement		
Will this trip require an overnight stay outside of lowa? No: Yes: x	(If No, you do not need this waiver)		
City (Cities) Traveling To: San Francisco, California	Dates of Travel: 05/07 - 05/13/2011		
	(If after June 30, 2011 – you DO NOT need this waiver.)		
Funding Source: x Appropriated State: 50% x Federal: 50% (If the coding for the travel claim is appropriation	Other:% If Other, Specify:		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): \$ 1,269.00		
Does this Trip Require Executive Council Approval for Conference/Convention			
If Yes, Have You Received Approval? No: Yes: If Yes, Date:			
Reason for Travel Waiver (Select one) x Fulfills statutorily required duties. (Cite the specific statute.) Enforcement	pant Cooperative Agreement with 5-days LOCAL		
Has potential to bring cost savings or enhanced revenues to the state. (program that will receive the cost savings or enhanced revenues and pr of the saving or revenues attributable to the travel.)	Cita the enecific		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
<i>p</i>			
Department Director Signature: Leuse Wahlut	Date:		
Department Director Printed Name:			
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 1 (BOM staff and board members will attend) Contact E-mail:	tweeq@ag.state.ia.us
Name of Person Attending: Theresa O'Connell Weeg Working Title:	Assistant Attorney General
Department: Attorney General's Office Division/Bureau	/Section: Licensing and Administrative Law
Will this trip require an overnight stay outside of lowa? No: Yes: X (If No, you do not r	
City (Cities) Traveling To: Seattle, WA Dates of Travel:	5-157 (1.51 H1350) - H4461 (1.54 H457 (1.51 H457 (1.51 H75)
	2011 – you DO NOT need this waiver.)
Funding Source: Annuality to the	Other, Specify: Board of Medicine license foor
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Par	rking, etc): \$2500
If You Have You Book I have no an in-	es: 🗌
If Yes, Have You Received Approval? No: Yes: If Yes, Date:	Anna - An
Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties. (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)	
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information or the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)	i ·
As an attorney licensed to practice in lowa, I am required to obtain 15 hours of continuing local advanti	on (CLE) every year to maintain my license
and a standard this connection many times over the past several years, as it directly relates to my role a	is legal counsel for the Board of Medicine, and
obtain CLE credit for attendance.	
Department Director Signature: Thulan Date:	5/11
Department Director Printed Name:	,
This form must be signed by a department head or agency director. Email a PDF of the	form to executivecouncil@iowa.gov
Addistractive	Executive Council Approval
Additional information to assist you in completing this form. See Fact Sheet for more complete information.	APPROVED
This waiver is required by HF45 from March 7 until June 30, 2011	Executive Council
If no overnight stay is required at a location out-of-state, the travel is considered	
incidental and no walver form needs to be submitted	APR 1 1 2011
The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.	
If your travel requires both Executive Council approval and the waiver justification	
due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation	

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EXECUTIVE COUNCIL

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 1	
	Contact Email: edward.engle@dot.iowa.gov
Name of Person Attending: Ed Engle	Working Title: Modal Transportation Engineer Specialist
Department: Transportation	Division/Bureau/Section: Planning, Programming and Modal
Will this trip require overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
City(Cities) Traveling To: Madison, Wisconsin	Dates of Travel: 4/25/11 through 4/27/11
	(If after June 30, 2011 you DO NOT need this waiver.)
Funding Source: Appropriated State: 100 % Federal: %	-
(If the coding for the travel claim is appropriation 000	Jaiot, opedity. I filliary fload Fully
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Re	
Does this Trip Require Executive Council Approval for Conference/Convention?	No: ⊠ -Yes: □
If Yes, Have you Received Approval? No: Yes: Hif Yes, Date:	
Reason for Travel Waiver (Select One)	
Fulfills statutorily required duties (Cite the specific statute.)	
Has potential to bring cost savings or enhanced revenues to the state (Cite the program that will receive the cost savings or enhanced revenues and provide of the saving or revenues attributable to the travel.)	e specific an estimate
Has a benefit or potential benefit which significantly outweighs the potential of current Executive Council Fact Sheet for qualifying criteria and provide that in the lines below. (If nonrefundable ticket is the justification, date of purchase is	formation on s required.)
This travel is necessary to attend a railroad engineering class. The lowa DOT Office of F construction projects in the state under lowa Code 327J and 327H.20A. This employee requires specialized knowledge that is not taught as part of a normal civil engineering cu	Rail Transportation is charged with oversight of all DOT-funded rail
Department Director Signature: Whichar Scon	Date: 3.30.11
Department Director Printed Name: Nancy J. Richardson	
This form must be signed by a department head or agency director. Em	ail a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in completing this form.	
See Fact Sheet for more complete information	Approval
This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is considerate and	APPROVED Executive Council
incidental and no waiver form needs to be submitted	and the state of t
The Council meets each Monday at 10:00 a.m. Deadline for waiver is the	previous APR 1 1 2011
Wednesday at 12:00 noon. If your travel requires both Executive Council approval and the waiver just	
due to a convention/conference, note that both processes must be compl separately. See Fact Sheet for further explanation.	tification eted



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THOMAS J. MILLER ATTORNEY GENERAL

Bepartment of Justice

ADDRESS REPLY TO: HOOVER BUILDING DES MOINES, IOWA 50319 TELEPHONE: 515/281-5164 FACSIMILE: 515/281-4209

April 5, 2011

APPROVED Executive Council
APR 1 1 2011

Executive Council State Capitol L-O-C-A-L

Dear Council Members:

I am writing to request a waiver by category for two of my staff who will be traveling with me over the next few months as we negotiate with the banking industry over practices nation-wide that involve the financing and foreclosure of mortgages. Currently I am leading a fifty-state investigation of these practices that include the "robosigning" of documents, loan servicing and loan modifications. The States are coordinating this effort with federal agencies, including the Department of Justice, the Department of the Treasury, the Department of Housing and Urban Development, and the Federal Deposit Insurance Corporation.

These negotiations are directly related to the statutory duty of the Attorney General to prosecute proceedings in which the State of Iowa is a party or is interested. Iowa Code § 13.2(1)(b) (2011). The negotiations are investigatory and the information gathered will result in litigation if we are unable to reach a satisfactory resolution. Because all fifty States are involved along with a number of federal agencies, the negotiations will require numerous trips outside of Iowa. Often these trips will be required on relatively short notice.

Deputy Attorney General Tam Ormiston and Assistant Attorney General Patrick Madigan will be accompanying me for these negotiations. Both Tam and Patrick have filed

Executive Council Page 2

waiver requests in the past, but I would appreciate a waiver by category for the next few months.

Sincerely,

THOMAS. MILLER Attorney General of Iowa